

MANAGED RISK MEDICAL INSURANCE BOARD
Healthy Families Program Advisory Panel Meeting
August 2, 2006
West Sacramento, California

Members Present: Jack Campana, Martha Jazo-Bajet, M.P.H., William Arroyo, M.D., Michael Kirkpatrick, Heather Bonser-Bishop, Maria Villalpando, Ellen Beck, M.D., Steven Tremain, M.D., Barbara Clifton-Zarate, M.P.H., Paul Morris, D.D.S., Ronald Diluigi, Iantha Thompson, Grapelyn Fentress

MRMIB Staff: Janette Lopez, Lesley Cummings, Tom Williams, Vallita Lewis, Darryl Lewis, Theresa Skewes, Adriana Alcala, Ernesto Sanchez, David Beales, Ruben Mejia, Cindy Wagstaff

Board Members: Virginia Gotlieb, M.P.H.

Introduction

Jack Campana, Healthy Families Program (HFP) Advisory Panel Chair, opened the meeting by introducing himself and asking the Panel members, staff and the audience to introduce themselves.

Review and Approval of the May 3, 2006 Healthy Families Program (HFP) Advisory Panel Meeting Summary

The Panel made a motion to approve the May 3, 2006 HFP Advisory Panel Meeting Summary.

New Panel Member: Subscriber with Special Needs Representative

Janette Lopez, Deputy Director of the Eligibility, Enrollment and Marketing Division for the Managed Risk Medical Insurance Board (MRMIB), swore in Grapelyn Fentress as a new Advisory Panel member.

Bagley-Keene Open Meeting Act

David Beales, Staff Counsel for MRMIB, gave an overview of the Bagley-Keene Open Meeting Act Rules and stressed the importance of each member obtaining a copy of the Act for reference purposes because violation is a misdemeanor. In reviewing key aspects of the Act, Mr. Beales stated that all Advisory Panel meetings must be publicly noticed 10 days prior to the meeting date, meetings must be open to the public, no Ad Hoc meetings are to occur without giving official notice to the public, the public shall have access to all handouts and the

summary from the meeting, members of the public are given every opportunity to address each item after being discussed by the panel and all actions taken at any meeting should be noted on the Agenda. Mr. Beales explained certain exceptions, such as an emergency where 2/3 of membership believe that a topic not on the agenda should be discussed. Mr. Beales stated that the meeting can be recorded; a sign in sheet can be available, but not necessary for attendance at the meeting.

Mr. Beales stated that eight Advisory Panel members are needed for a quorum and a subcommittee, which must also adhere to the Bagley-Keane rules, is considered an Advisory Board if they consist of three or more Panel members. Mr. Beales reassured the Panel that if one member is asked to research an item for a future agenda item, it is well within the guidelines to do so on his or her own time.

Strategic Planning

Dr. Beck stated that the two focus items for Strategic Planning were the Mental Health Carve out for Seriously Emotionally Disturbed (SED) children and California Children's Services (CCS) orthodontic benefit. Dr. Beck is currently waiting to review a report written by Dr. Hughes of the University of California in San Francisco (UCSF) before discussing the SED carve out, and will e-mail the report to the Panel members for review and discussion at the next meeting. Dr. Beck stated that a student assistant, who is working with her on the topic, will be developing a paper on the mental health issues and Dr. Beck will be presenting that paper at the next meeting. The discussion of the orthodontic benefit is scheduled for later in the meeting.

Budget Update

Tom Williams, Deputy Director of the Administration Division for MRMIB, reviewed the 2006-07 State Budget. He referenced all the significant items that impact the HFP including relevant Medi-Cal items.

The Advisory Panel asked about HFP retention efforts and Ms. Lesley Cummings, Executive Director for the MRMIB, indicated that HFP had a significant increase in retention from 70% to 77% in 2004. Ms. Cummings referred the Panel members to the retention reports on the MRMIB website.

Dental

Ms. Vallita Lewis, Deputy Director for Benefits and Quality Monitoring for MRMIB, stated that at the July Board meeting the Benefits Division presented the Dental Plan Quality Measurement Report for the first time. She stated that this comprehensive report addresses the dental quality measures used in the HFP and the scores that the plans reported to MRMIB for the 2004 calendar year. She

made reference to a chart on page 4 of the handout, which summarized the plans' scores between 1999 and 2004 on six dental quality measures. She stated that the report will be updated with 2005 data within the next six months. Ms. Lewis expressed the dilemma that there were few benchmarks to compare the scores to as only one of the dental measures is a HEDIS measure. There are several new dental measures that have been proposed and are being tested by the Centers for Medicare and Medicaid Services. Benefits staff will follow the CMS efforts to determine if any of the measures will allow MRMIB to better assess the quality of services.

Ms. Lewis mentioned that Dr. Robert Isman of the Department of Health Services has been in communication with Paul Morris, D.D.S., about additional dental quality measures that he has developed. Dr. Morris has discussed eight additional quality measures with Dr. Isman that will be considered for future implementation in the HFP.

Ms. Lewis stated that a Dental Advisory Committee will be established to review the dental quality measures and to develop strategies for improving members' access to dental services.

Ms. Lewis addressed a concern from the Panel regarding how high the percentage of patients that receive Prophylaxis is compared to those receiving Dental Sealants. The reason for this difference was due to the fact that children do not receive sealants until a patient is at least 7 years of age, whereas Prophylaxis is used 0 – 18 years of age.

There was a question about whether HFP pays for fluoride varnish. Ms. Lewis confirmed that fluoride varnish is reimbursable. Benefits staff will contact other HFP dental plans regarding this issue.

The Panel decided to keep the Dental Quality Measures on the agenda for the next meeting. Delta Dental was commended by the Advisory Panel for providing seamless care to their subscribers.

Ms. Lewis stated that Benefits and Quality Monitoring staff plan on contacting all of the dental plans to discuss strategies that the health plans are using to increase well care visits for their members and strategies they are using to provide further outreach to members regarding dental care. The dental plans may be able to replicate some of the strategies currently used by the health plans.

In discussing the Dental Quality Report, the Panel asked if there would be outreach to providers as well. Ms. Lewis stated that she intends on bringing this issue to the Dental Advisory Committee. She reminded the Panel that when a specific provider is not providing adequate access, this information should be

reported to her or a staff person in the Benefits Division so that a resolution can be developed.

Maria Villalpando raised the issue of HFP being used as secondary coverage if a child were to be covered under private insurance. She asked if a child enrolled in Healthy Families has private dental insurance that does not cover the full bill for a dental service, whether HFP will cover the rest of that bill. The issue had never been considered before and MRMIB will have an answer at the next meeting.

Ms. Lewis stated that the State CCS is working with the California Dental Association (CDA) to address reasons why providers do not want to become CCS paneled providers or why they are leaving the CCS program. Ms. Lewis stated that the first issue has to do with the provider payment method used by CCS. CDA and CCS are reviewing the feasibility of changing the method of payments to more closely mirror the commercial world and make it a base fee or a quarterly fee. She stated that the second issue has to do with the eligibility of the child; and the child may have to drop out in the middle of treatment. The third issue has to do with the Denti-Cal forms; there are a unique set of codes specific to Denti-Cal and dentists are not familiar with these codes. When they attempt to fill out reimbursement forms, payment is frequently delayed due to incorrect information on the forms.

Gayle Mathe, CDA, stated that currently California Association of Orthodontists, CDA, and Denti-Cal policy staff are continuing to meet in order to remove some barriers from CCS.

Ms. Lewis stated that she has been invited to become a member of the Department of Health Services Dental Work Group. The next meeting will be in October of this year and she will be able to update the Advisory Panel as to what was discussed.

Mr. Campana announced that the general anesthesia proposal will be presented at the September Board meeting.

Community Provider Plan (CPP) Designation Process

Ms. Lewis gave an overview of the Community Provider Plan (CPP) designation process and presented an issue paper on stakeholder requested changes to the process. The issue paper was presented at the July Board meeting and will be presented again in September. Feedback from plans and other stakeholders is due to MRMIB no later than August 8, 2006. Ms. Lewis confirmed that MRMIB staff is not proposing to adopt any changes to the hospital list.

Quality Performance Improvement Project (QPIP) and Recognition of High Performance Health Plans

Ms. Lewis reviewed the QPIP, in which staff developed a methodology to assign specific scores to health plans based on their Health Plan Employer Data and Information Set (HEDIS) scores. The scoring process that is based on four HEDIS measures: Childhood Immunizations, Well Child Visits, Adolescent Well Care Visits, and Access to the Primary Care Provider. Each plan is assigned a total score based on their HEDIS scores for the four measures. MRMIB staff assesses the changes from the prior year to the current year and provides additional points for score improvements. The plans are then ranked from highest to lowest. Plans with scores higher than plan average by one standard deviation are acknowledged as high performers. Those that are below average by one standard deviation are considered poor performing plans.

Ms. Lewis stated that MRMIB asked the plans that are scored as the lowest performing to consider some of the methods used by the high performing plans in order to help them achieve higher scores. Finally with the low performing plans, MRMIB also asks that they provide a letter explaining specific actions that they will take in order to address their poor performance. MRMIB publicly recognized the plans with the highest performance. These were Inland Empire Health Plan, Cal Optima, and San Francisco Health Plan. They were given a framed certificate commending them for their outstanding performance at the July Board Meeting; and the plan representatives were able to say a few words at the meeting. Ms. Mathe stated that she would like to see the same kind of reward done on the Dental side.

Rural Health Demonstration Projects (RHDP)

Ms. Lewis discussed the 10 new RHDP projects approved at the July, 2006 Board meeting. After an internal reconciliation process, staff identified additional funds to increase the number of RHDP projects. In January of this year, MRMIB identified a number of excellent RHDP projects that were not able to be funded at that time. The projects funded were part of this group. Ms. Lewis stated that MRMIB discussed the projects with the plans that submitted proposals and as a result there were ten projects that received approval from the Board for funding. The new projects will be implemented on September 1, 2006 and will run to June 31, 2008. Ms. Lewis reviewed the list of approved projects that includes six new dental projects and four medical projects based around health and nutrition. Ms. Lewis pointed out that in San Diego County there will be a new dental surgery center.

Ms. Lewis addressed a concern from the audience regarding there being no mention of dental sealants in the list of new projects. She stated that a number of current projects are already including those types of preventive services and that until this past year the majority of the RHDP projects have been primarily dental.

Only recently have the projects been more evenly spread between dental and health.

Mr. Campana asked if MRMIB staff is assigning one of the new positions within MRMIB to work on advocacy or promoting the ability to apply for projects to be funded in counties. Ms. Lewis stated that MRMIB staff already attend quarterly Rural Roundtable meetings around the State to educate local clinics about the RHDP. Benefits Division staff also inform the plans about the areas in the state where there are shortages of RHDPs and where a large number of HFP children reside in order to promote ideas about the types of rural projects that may be useful in their local community.

Ms. Lewis was asked whether the providers whose projects were funded are required to become CCS paneled providers since most of the children seem to be CCS eligible. Ms. Lewis replied that it is not a requirement for the projects' provider to become CCS paneled in order to receive funding.

2007 Open Enrollment Update

Ms. Cummings reviewed the current HF Open Enrollment (OE) process. During OE process which happens every spring, families can change plans. However, few families do so (under 5%). Staff presented an options paper at the July meeting. Public input has been requested and any comments should go to Janette Lopez. The process changes will be finalized at the September meeting.

In reviewing the options, Ms. Lewis stated that a Board member wanted staff to assure that MRMIB continue to provide plan quality information to all members to make an informed decision about their choice of plan.

Ms. Cummings confirmed for the Panel that the HFP does not do auto assignment of plans and that the only case where a member will be defaulted into a plan is when the member fails to choose a plan when enrolling into the program. Ernesto Sanchez, Special Projects Section Manager for MRMIB stated that another situation where a family will be reassigned is when the particular plan is no longer available for the HFP, then that family will be assigned to the Community Provider Plan (CPP).

The Panel raised the point that if a member is having problems with his or her provider, that member should be able to change plans. Ms. Cummings stated that there are exceptions where HFP will change a families plan if there are significant problems.

Mr. Sanchez confirmed for the Panel that the HFP handbooks are sent out to all members requesting an application. He also stated that the handbook is available online for the public to access. Ms. Lewis also stated that individual

plans send out updates (via the Evidence of Coverage) to each member regarding changes that would have an effect on their coverage.

Virginia Gotlieb, Managed Risk Medical Insurance Board Member, asked whether the subscriber Panel members find the HEDIS report useful and if the CAA's discuss it during enrollment. The Panel stated that CAA's don't usually go over it during enrollment and that the HEDIS report is not an easy read.

Ernesto confirmed for the Panel that the CAA's are trained to inform new members about all of the resources available for the members to read about the different plans.

Ms. Lewis stated that there has been talk about adding information to the member welcome letter regarding the plans' performance quality data available on the HFP website. She also confirmed for the Panel that the welcome letter is written by a literacy group at Maximus that does consider the reading level.

The Meeting ended with the Panel making a motion to support the option which allows families to change their plan for any reason any month of the year.